



California Rural Health Policy Council

California General Acute Care Hospitals in Rural and Non-rural Areas Selected Utilization and Financial Data 1996, 1997, 1998



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Rural and Non-rural Areas
Selected Utilization and Financial Data
1996, 1997, 1998

*Prepared by the
California Rural Health Policy Council Office
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General Acute Care Hospitals in Rural and Non-rural Areas

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General Acute Care Hospitals in Rural & Non-rural Areas of California Summary of Selected Data - 1996, 1997 & 1998

Licensed general acute care hospitals in California prepare and file utilization and financial reports with the Office of Statewide Health Planning and Development (OSHPD) on an annual basis for each calendar year.

General acute care hospitals in rural areas (GACH-R) reporting to OSHPD totaled 82 in 1996 and 1997, and 79 in 1998. The number of general acute care hospitals in non-rural areas (GACH-NR) that reported to OSHPD in each of the three reporting years was 354, 336, and 326 respectively.

- Thirteen percent of the California population resides in rural Medical Service Study Areas, a sub-county geographic area defined by the Office of Statewide Health Planning and Development.
- Licensed acute beds decreased (-7.3%) for GACH-R between 1996 and 1998 and slightly for GACH-NR (-1.1%).
- Between 1996 and 1998, acute bed days increased only 2.5% for GACH-R, but 9.5% for GACH-NR.
- The proportion of GACH-R acute bed days to the total number of acute bed days for general acute care hospitals statewide decreased slightly from 1996 to 1998.
- Outpatient visits declined (-.4%) for GACH-R between 1996 and 1998, but rose 7.1% for GACH-NR.
- Emergency room visits increased by 3.9% for GACH-R between 1996 and 1998 and .4% for GACH-NR.
- GACH-R with Rural Health Clinics (RHCs) experienced only 1.1% more emergency room visits between 1996 and 1998; GACH-R without RHCs had 6.0% more emergency room visits over the same period.
- Clinic visits increased by 30.0% for hospital-based RHCs between 1996 and 1998.
- Net patient revenue, as a percent of gross patient revenue, was higher for GACH-NR than for GACH-R for all three reporting periods; however, the percentages declined for GACH-R and GACH-NR.
- In general GACH-R rely more heavily on government insurance programs for the poor (Medi-Cal and County) than do GACH-NR. Medi-Cal as the payor source increased for GACH-R between 1996 and 1998 but decreased for GACH-NR.
- Gross patient revenue for GACH-R increased 16.6% between 1996 and 1998 and 19.6% for GACH-NR. Net patient revenue increased by 7.8% for GACH-R and 11.3% for GACH-NR.
- Net inpatient revenue per day for both GACH-NR and GACH-R was higher than inpatient expenses in 1996 and 1997, but was lower than expenses in 1998.
- Outpatient expenses exceeded outpatient net revenue for GACH-R and GACH-NR in 1998, when in 1996 and 1997, outpatient net revenue exceeded outpatient expenses.
- GACH-R employees totaled over twenty thousand in 1998, up by 7% from 1996.
- Salaries for GACH-R totaled over one-half billion dollars in 1996 and rose 9.7% by 1998.
- The amount of net losses for the aggregate of GACH-R doubled between 1996 and 1998 and the number of GACH-R with a net loss rose from 28 in 1996 to 35 in 1998.

California Population

- The percentage of the California population (1990 U.S. Census) that resides in rural areas is 13%, and rural areas (as defined by the California Health Manpower Policy Commission and adopted by the California Rural Health Policy Council) make up 80% of the state's land mass.
- A rural area is defined as a Medical Service Study Area (a sub-county geographic and rational service area) that does not contain an incorporated area of greater than 50,000 population and does not have a population density of greater than 250 persons per square mile.

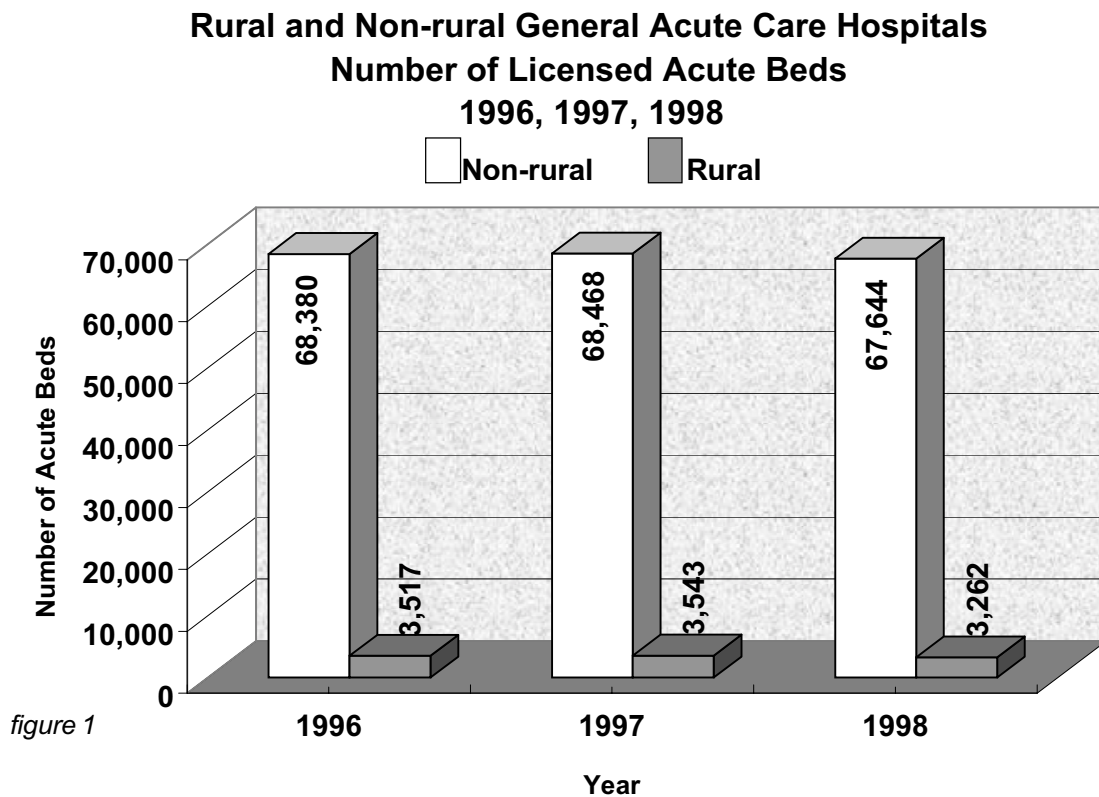
Hospitals Reporting

- The data for rural hospitals in this report encompasses only those hospitals that are state and/or federally designated general acute care rural hospitals (GACH-R).
- All 82 designated rural hospitals filed financial data reports to the Office of Statewide Health Planning and Development (OSHPD) in 1996 and 1997. Seventy-nine GACH-R reported to OSHPD in 1998; two did not report and one had closed before 1998.
- Of the 82 GACH-R that reported in 1996 and 1997, 40 were designated state-only; 35 were designated both state and federal; and seven were designated federal-only.
- Of the 79 rural hospitals that reported in 1998, 37 were designated state-only, 35 were both designated state and federal, and seven were designated federal-only.
- Data is presented for all non-rural general acute care hospitals (GACH-NR) that reported to OSHPD. This report does not contain data on the number of GACH-NR that were open but did not report or the number of GACH-NR that closed during any reporting period.
- GACH-NR that reported to OSHPD numbered 354 in 1996, 336 in 1997, and 326 in 1998.
- This report is intended to show trends over a period of time and not absolute numbers.
- Appendix A contains a list of the GACH-R that reported in each of the three years.
- Appendix B is a map of GACH-R locations.

Utilization Data

Licensed Acute Beds

- Although GACH-R had only 4.9% of all licensed acute beds in 1998, they are located in rural areas where 13% of the total California population lives.
- The number of GACH-R acute beds decreased (-7.3%) between 1996 and 1998 (figure 1).
- The percentage of acute beds decreased by (-1.1%) for GACH-NR between 1996 and 1998 although the number of GACH-NR reporting between 1996 and 1998 decreased by 28.



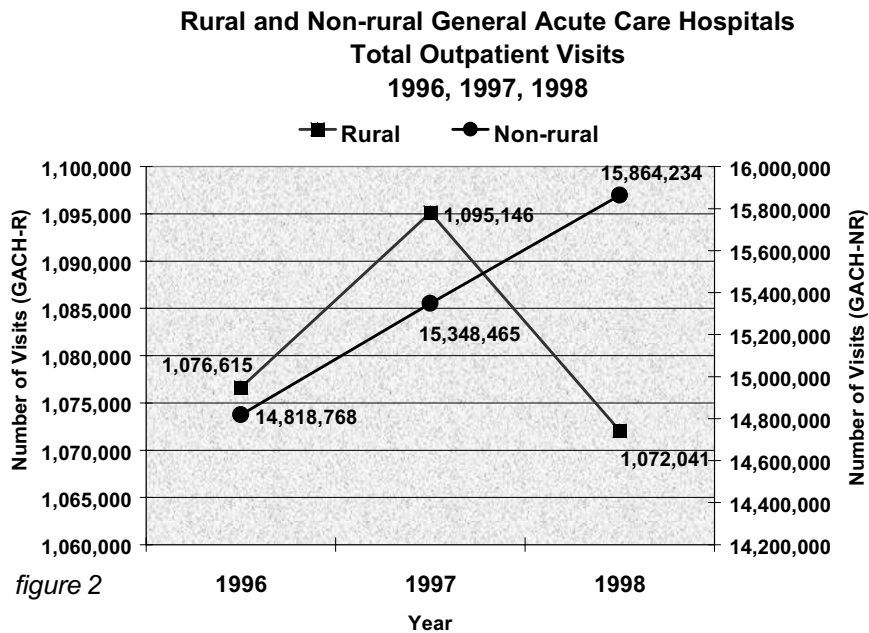
Acute Bed Days

- Acute bed days decreased for GACH-R (-2.5%) between 1996 and 1998 but increased for GACH-NR by 9.5% (Table 1) even though 28 less GACH-NR reported.
- The **proportion** of GACH-R acute bed days to total acute bed days statewide changed slightly from 4.1% of the total in 1996 to 3.8% in 1998.

Table 1 - Rural and Non-rural General Acute Care Hospitals Acute Bed Days 1996, 1997, 1998					
	1996	1997	% Chg.	1998	% Chg.
Rural	459,599	470,632	2.34%	470,875	0.05%
Non-rural	10,838,439	11,105,681	2.41%	11,864,477	6.40%

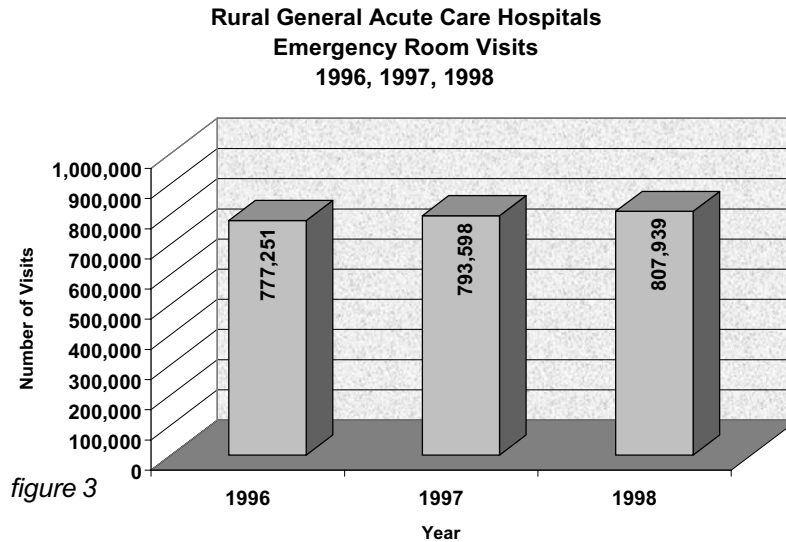
Outpatient Visits

- Outpatient visits increased for GACH-R and GACH-NR between 1996 and 1997, but decreased for GACH-R between 1997 and 1998 (figure 2).



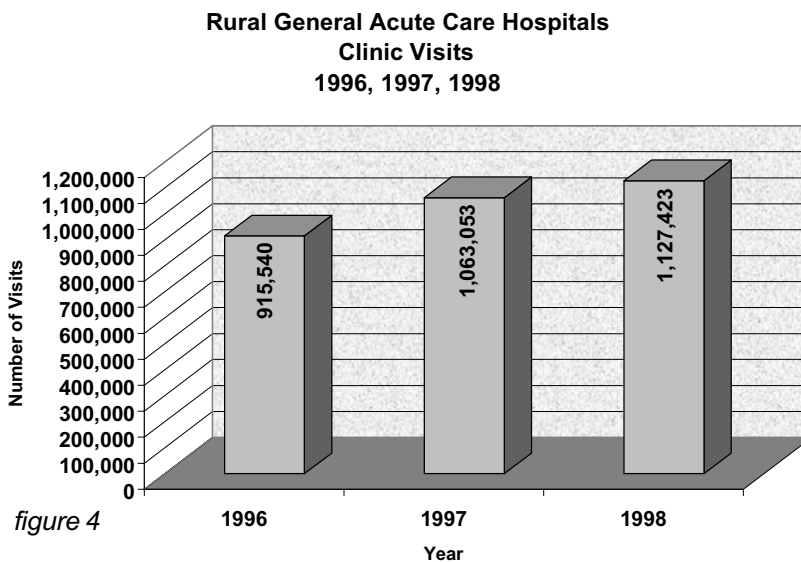
Emergency Room Visits

- Between 1996 and 1998, GACH-R emergency room visits increased by 3.9% (figure 3).
- GACH-R accounted for 10% of all emergency room visits for all general acute care hospitals statewide in 1998 but only had 3.8% of acute bed days .



GACH-R Clinic Visits

Clinic visits at GACH-R (figure 4) increased (16.1%) between 1996 and 1997, but a smaller increase occurred between 1997 and 1998 (6.1%).



Emergency Room and Clinic Visits at Rural Hospitals with/without Provider-based Rural Health Clinics

- The number of GACH-R with provider-based Rural Health Clinics (95-210s) was 40 in reporting years 1996, 1997, and 1998; the number of clinics without provider-based Rural Health Clinics was nearly equal in 1996 (42), 1997 (42), and 1998 (39). A comparison between provider-based and non-provider based 95-210s shows that GACH-R without 95-210s experienced a dramatic difference in emergency room visits (between 42-48% **more**) than did those GACH-R with 95-210s (figure 5).
- The inverse occurred in clinic visits for GACH-R without 95-210s in each of the three reporting years: 60% **less** in 1996; 73% **less** in 1997; and 68% **less** in 1998.
- Clinic visits increased 30% for GACH-R with 95-210s between 1996 and 1998.
- Some GACH-R administrators report that clinic usage decreases the incidence of emergency room visits.

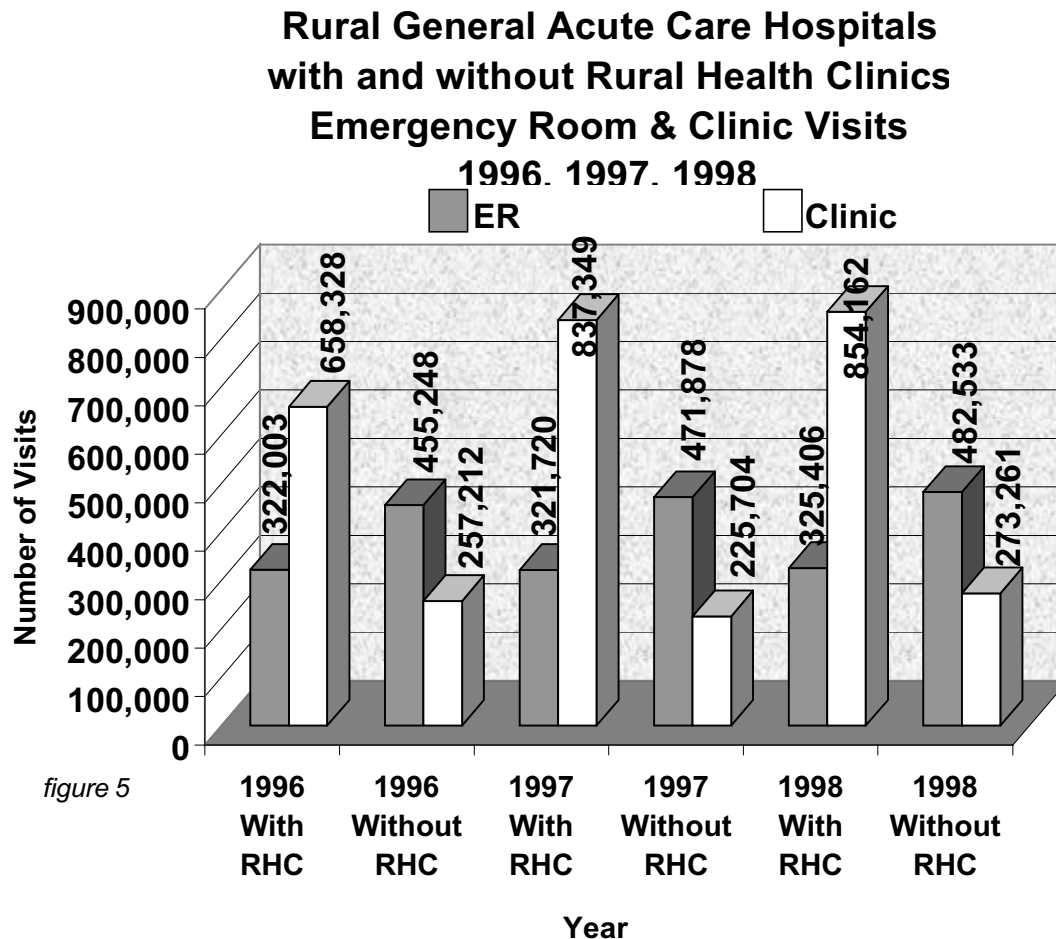
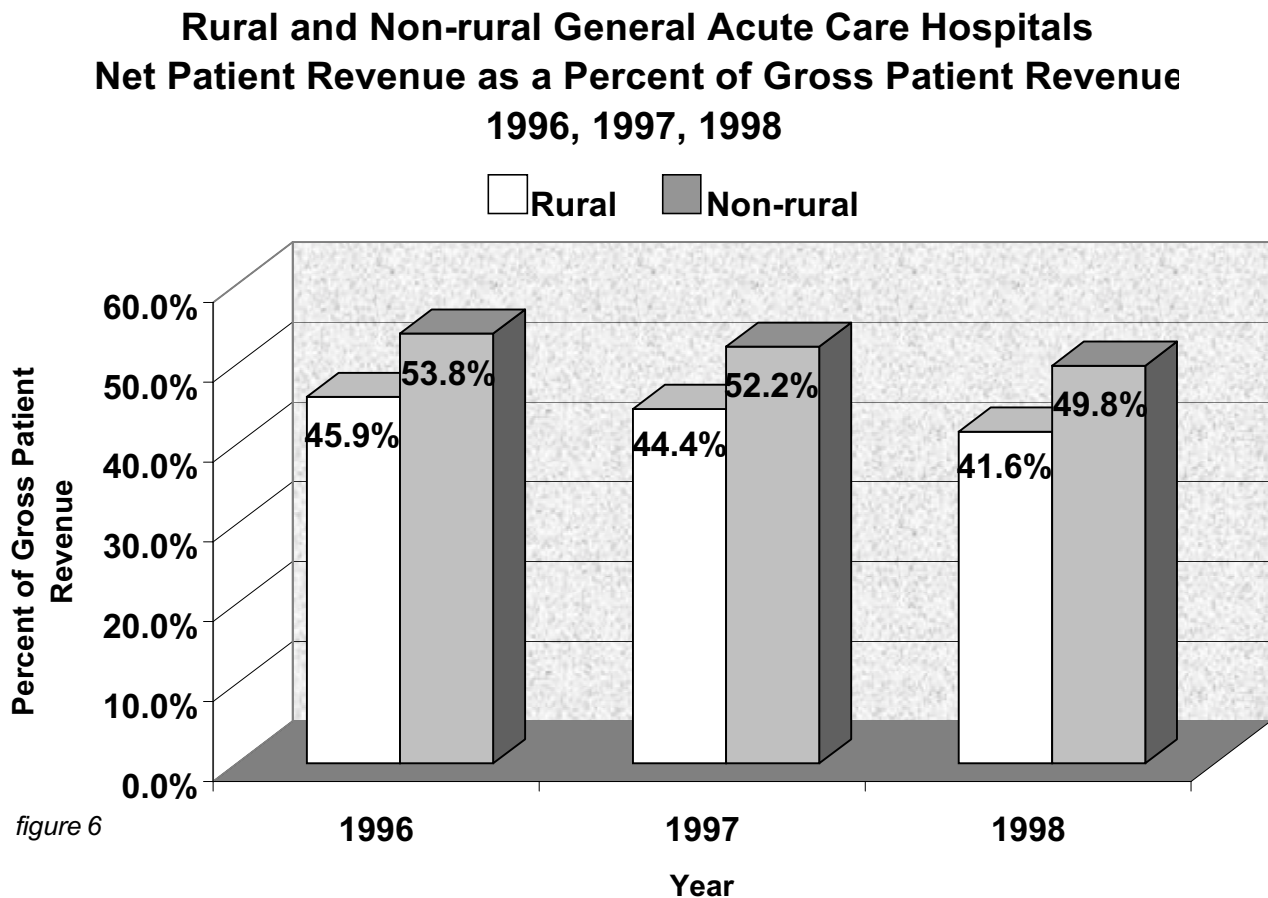


figure 5

Financial Data

Gross and Net Patient Revenue

- Figure 6 shows net patient revenue as a percent of gross patient revenue for rural and non-rural hospitals. Non-rural hospitals experienced a higher net inpatient revenue as a percent of gross inpatient revenue for all three reporting years.



Gross and Net Patient Revenue by Payor Source

- Table 2 shows GACH-R and GACH-NR gross and net patient revenue in dollars by payor source as was shown in the aggregate in figure 6.
- An analysis of Table 2 reveals the increasing reliance on government insurance programs for the poor (Medi-Cal and County) for GACH-R than is the case for GACH-NR. Medi-Cal as the payor source increased for GACH-R by 4.8% between 1996 and 1998 but decreased for GACH-NR (-.3%) over that same period, even though the number of GACH-NR reporting decreased by 28.
- County government as the payor source increased for GACH-NR by 9.5% between 1996 and 1998, but increased a substantial 30% for GACH-R over that same period.
- Third party payors as a patient revenue source increased for GACH-R by 26.4% between 1996 and 1998 and by 36.8% for GACH-NR over the same period.

Table 2 - Rural and Non-rural General Acute Care Hospitals Gross and Net Patient Revenue by Payor Source 1996, 1997, 1998 \$ (000)						
Rural	MEDICARE	MEDI-CAL	COUNTY	3rd PARTY	OTHER	TOTALS
1996 Gross	954,381	501,434	46,949	724,409	173,992	2,401,166
1996 Net	490,393	211,297	21,615	463,744	106,865	1,293,913
1997 Gross	1,050,769	518,533	53,893	844,861	192,965	2,661,020
1997 Net	533,293	200,274	24,569	511,651	119,153	1,388,939
1998 Gross	1,094,275	525,649	60,944	915,957	203,941	2,800,766
1998 Net	514,862	203,993	19,085	532,756	123,920	1,394,616
Non-rural	MEDICARE	MEDI-CAL	COUNTY	3rd PARTY	OTHER	TOTALS
1996 Gross	18,256,075	11,342,071	2,334,919	21,144,300	2,937,310	56,014,675
1996 Net	7,928,698	4,884,673	449,223	9,614,758	1,487,575	24,364,926
1997 Gross	19,884,871	11,115,838	2,443,428	25,267,673	3,203,596	61,915,406
1997 Net	8,305,928	5,213,607	431,076	10,449,502	1,625,429	26,025,543
1998 Gross	21,111,497	11,306,395	2,557,311	28,925,944	3,117,148	67,018,296
1998 Net	8,360,928	5,736,058	442,676	11,079,031	1,508,214	27,126,908

Patient Revenue by Payor Source as a Percent of Gross Patient Revenue

Figure 7 displays the payor source as a percentage of gross patient revenue. Federal government programs (Medicare and Medi-Cal) accounted for a substantially higher percentage of the gross patient revenue for GACH-R for the three reporting years (60.4%, 60.0%, 57.9%) than they did for GACH-NR (50.2%, 47.5%, 47.4%).

- Third party payors as a percent of gross patient revenue increased only slightly year by year for rural hospitals and stood at 30.1%, 31.7%; and 32.7%. GACH-NR third party payor revenue as a percent of gross patient revenue increased slightly more (35.9%, 38.7%, and 42.3%) than GACH-R from year to year.

**Rural and Non-rural General Acute Care Hospital Revenue* by
Payor Source as Percent of
Gross Patient Revenue
1996, 1997, 1998**

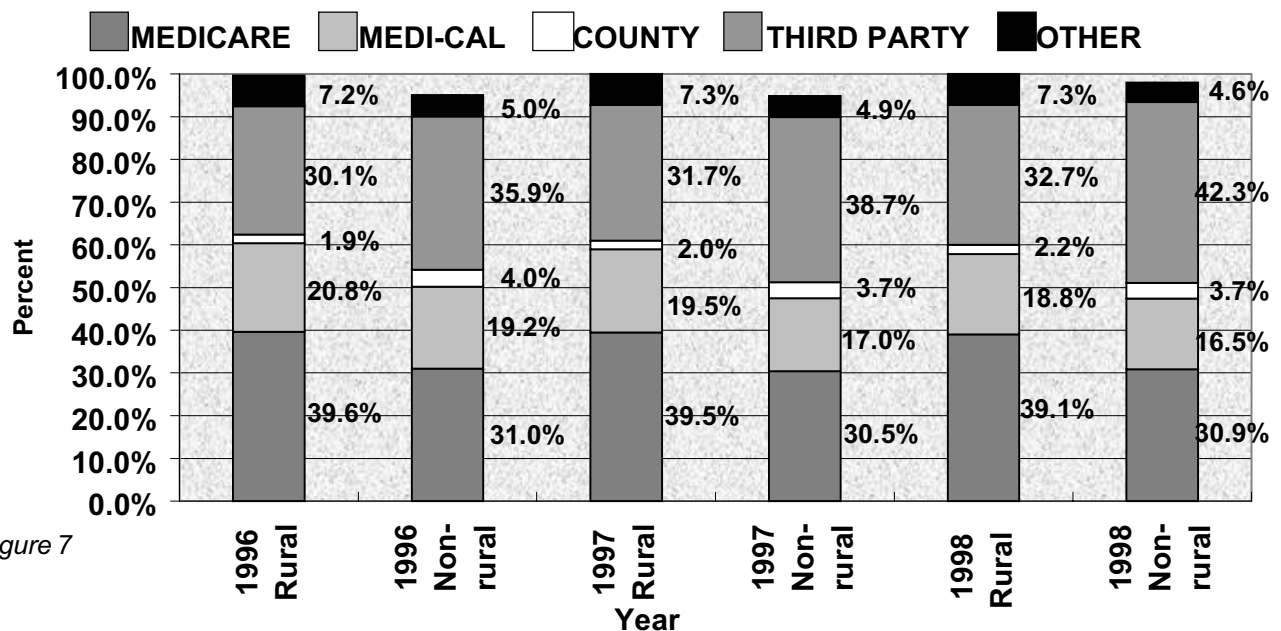


figure 7

* Total patient revenue for non-rural hospitals does not add to 100% because 26 hospitals belonging to one non-profit corporation had reported gross patient revenue but not by payor source.

Net Inpatient Revenue and Expenses Per Day

- Figure 8 depicts GACH-R and GACH-NR net inpatient revenue and inpatient expenses per day. In 1996, revenue was slightly higher than expenses for both GACH-R and GACH-NR. However, in 1997 the revenue was less higher than expenses for both GACH-R and GACH-NR and in 1998, expenses began to exceed revenue for both GACH-R and GACH-NR.

**Rural and Non-rural General Acute Care Hospitals
Net Inpatient Revenue/Inpatient Expenses Per Day
1996, 1997, 1998**

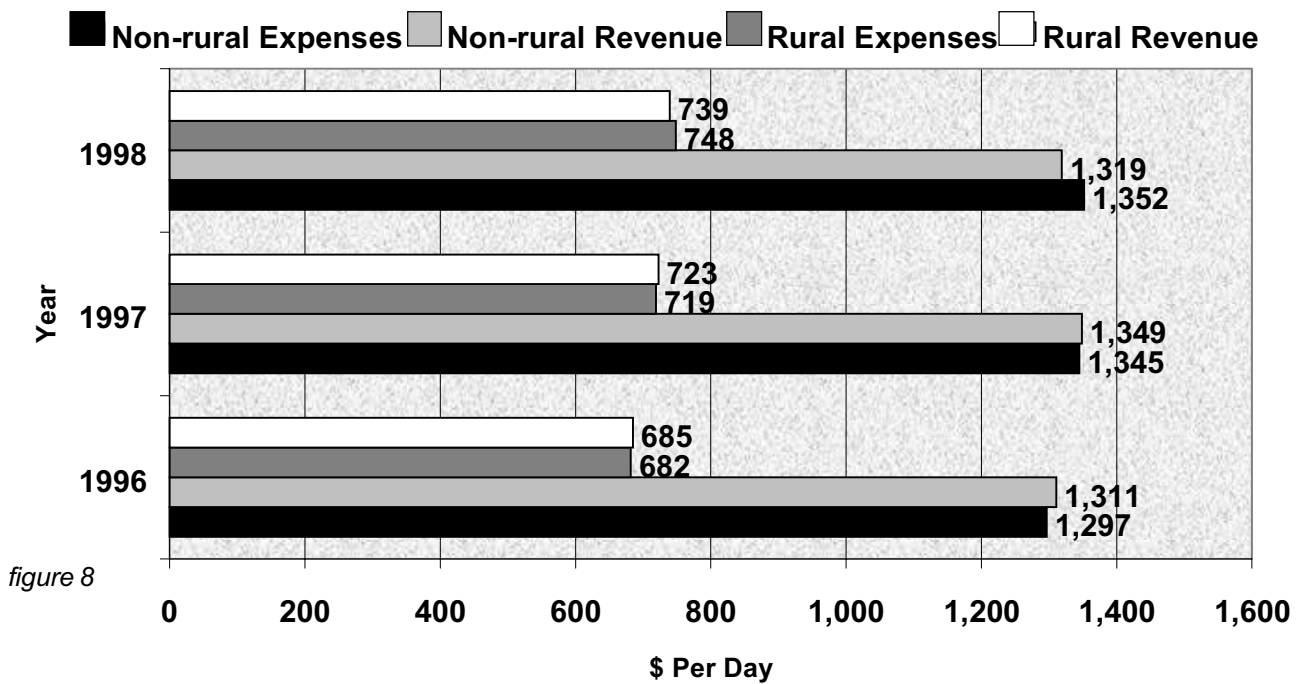
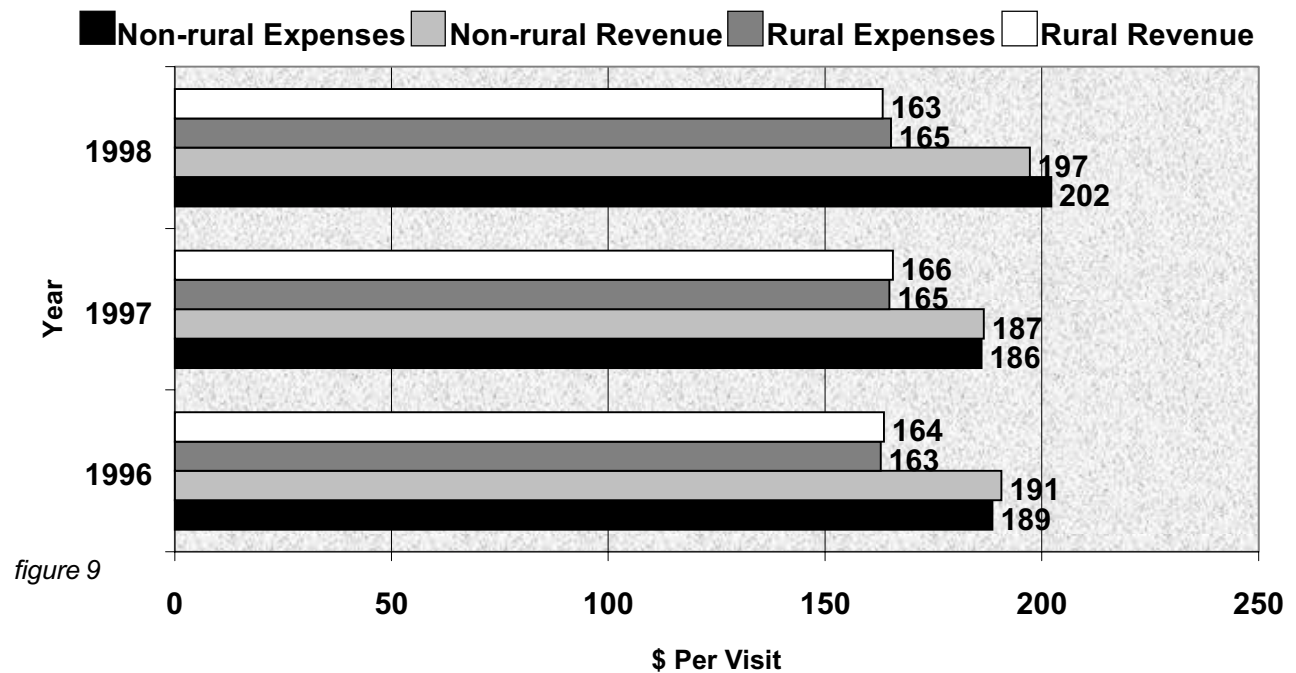


figure 8

Net Outpatient Revenue and Expenses Per Visit

- Figure 9 displays GACH-R and GACH-NR net outpatient revenue and outpatient expenses per visit. In 1996 and 1997, expenses were also less than revenue for both GACH-R and GACH-NR. Beginning in 1998, net outpatient revenue did not meet expenses for outpatient visits.

**Rural and Non-rural General Acute Care Hospitals
Net Outpatient Revenue/Outpatient Expenses per Visit
1996, 1997, 1998**



Write-Offs for Health Maintenance Organizations

- Health Maintenance Organization write-offs for both GACH-R and GACH-NR by year are listed in Table 3.

Table 3 - Rural and Non-rural General Acute Care Hospitals Health Maintenance Organizations Write-Offs (\$000) 1996, 1997, 1998			
	1996	1997	1998
GACH-R	227,692	285,790	353,558
GACH-NR	11,033,653	15,418,386	18,944,618

Number of Employees and Total Salaries

- In many instances, the hospital is the major employer in a rural community. In salaries alone, GACH-R represent over one-half billion dollars to local economies and the livelihoods of over twenty thousand employees and their families.

Table 4 - Rural General Acute Care Hospitals Total Number of Employees and Salaries 1996, 1997, 1998			
	1996	1997	1998
Employees	20,462	22,832	21,885
Salaries	507,329,000	542,729,000	556,349,000

GACH-R and Net Loss

- Between 1996 and 1998, the aggregate net loss for GACH-R doubled and the number of GACH-R with a net loss increased by 25%, from 28 to 35 (Table 5).
- One GACH-R closed in 1997, and the number of closures continues.

Table 5 - Rural General Acute Care Hospitals Number with an Operating Loss and/or Net Loss and Amount of Net Loss - 1996, 1997, 1998				
	No. Hospitals	No. Oper Loss	No. Net Loss	\$ Amount Net Loss
1996	82	45	28	-17,672,483
1997	82	42	30	-28,364,805
1998	79	49	35	-34,315,763

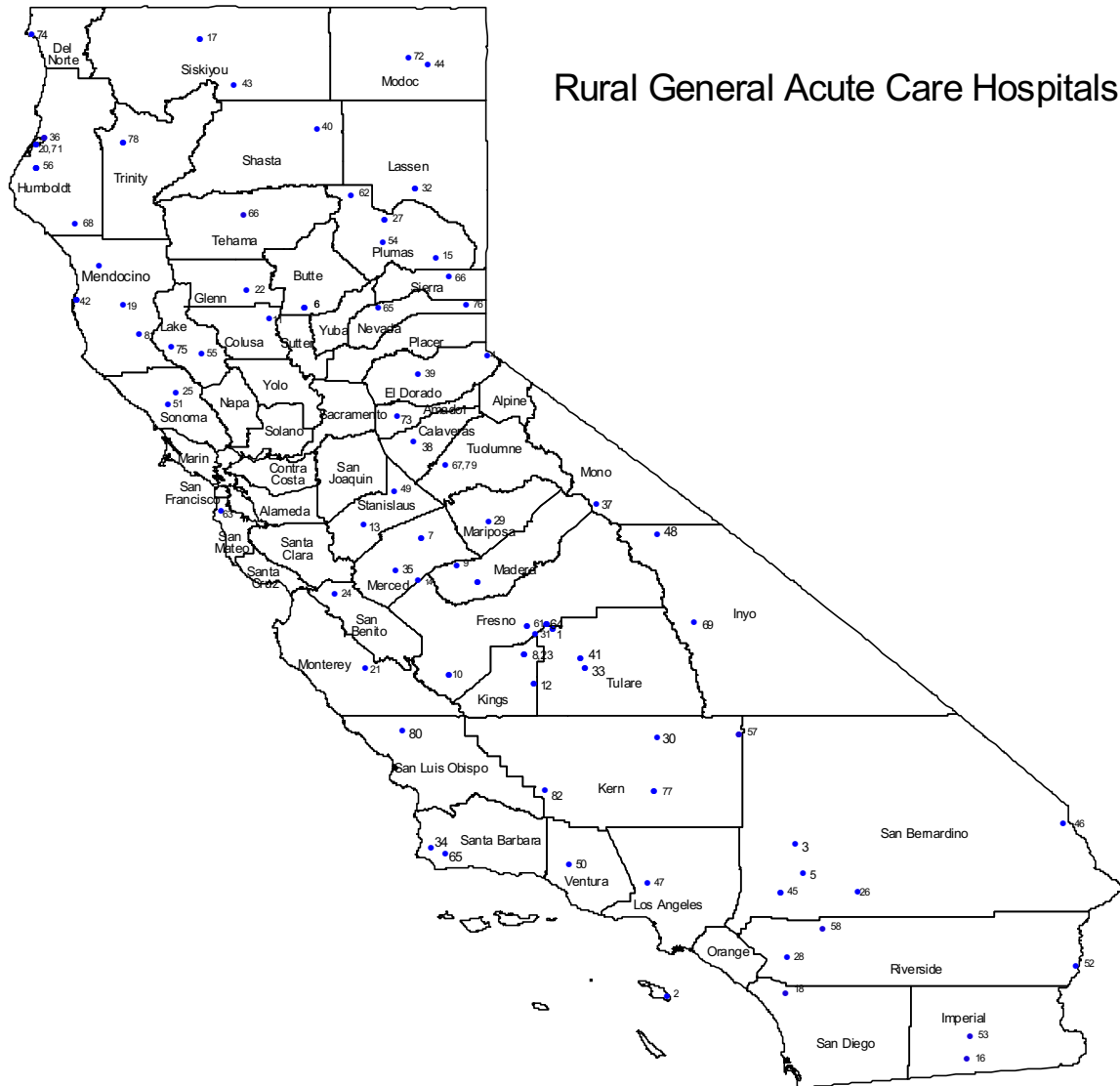
Appendix A

General Acute Care Hospitals in Rural and Non-rural Areas
Rural Hospitals Reporting to OSHPD in the Three Reporting Years

	Reporting Years		
	1996	1997	1998
ALTA HOSPITAL DISTRICT	X	X	X
AVALON MUNICIPAL HOSPITAL	X	X	X
BARSTOW COMMUNITY HOSPITAL	X	X	X
BARTON MEMORIAL HOSPITAL	X	X	X
BEAR VALLEY COMMUNITY HOSPITAL	X	X	X
BIGGS-GRIDLEY MEMORIAL HOSPITAL	X	X	X
BLOSS MEMORIAL DISTRICT HOSPITAL (closed 3/98)	X	X	X
CENTRAL VALLEY GENERAL HOSPITAL	X	X	X
CHOWCHILLA DISTRICT MEMORIAL HOSPITAL	X	X	X
COALINGA REGIONAL MEDICAL CENTER	X	X	X
COLUSA COMMUNITY HOSPITAL	X	X	X
CORCORAN DISTRICT HOSPITAL	X	X	X
DEL PUERTO HOSPITAL (closed 4/98)	X	X	X
DOS PALOS MEMORIAL HOSPITAL	X	X	X
EASTERN PLUMAS DISTRICT HOSPITAL	X	X	X
EL CENTRO REGIONAL MEDICAL CENTER	X	X	X
FAIRCHILD MEDICAL CENTER (name change from Siskiyou Med Ctr, 1998)	X	X	X
FALLBROOK HOSPITAL DISTRICT	X	X	X
FRANK R HOWARD MEMORIAL HOSPITAL	X	X	X
GENERAL HOSPITAL, THE	X	X	X
GEORGE L. MEE MEMORIAL HOSPITAL	X	X	X
GLENN MEDICAL CENTER	X	X	X
HANFORD COMMUNITY HOSPITAL	X	X	X
HAZEL HAWKINS MEMORIAL HOSPITAL	X	X	X
HEALDSBURG GENERAL HOSPITAL	X	X	did not report
HI-DESERT MEDICAL CENTER	X	X	X
INDIAN VALLEY HOSPITAL	X	X	X
INLAND VALLEY REGIONAL MEDICAL CENTER	X	X	X
JOHN C FREMONT HEALTHCARE DISTRICT	X	X	X
KERN VALLEY HOSPITAL	X	X	X
KINGSBURG MEDICAL HOSPITAL	X	X	X
LASSEN COMMUNITY HOSPITAL	X	X	X
LINDSAY DISTRICT HOSPITAL	X	X	X
LOMPOC DISTRICT HOSPITAL	X	X	X
LOS BANOS COMMUNITY HOSPITAL	X	X	X
MAD RIVER COMMUNITY HOSPITAL	X	X	X
MAMMOTH HOSPITAL	X	X	X
MARK TWAIN ST. JOSEPH'S HOSPITAL	X	X	X
MARSHALL HOSPITAL	X	X	X
MAYERS MEMORIAL HOSPITAL	X	X	X
MEMORIAL HOSPITAL AT EXETER	X	X	X
MENDOCINO COAST DISTRICT HOSPITAL	X	X	X
MERCY HOSPITAL OF MT. SHASTA	X	X	X
MODOC MEDICAL CENTER	X	X	X
MOUNTAINS COMMUNITY HOSPITAL	X	X	X
NEEDLES-DESERT HOSP. (name changed to Colorado River Med. Center, 1999)	X	X	X
NEWHALL COMMUNITY HOSPITAL (closed 1997)	X	X	closed
NORTHERN INYO HOSPITAL	X	X	X
OAK VALLEY DISTRICT HOSPITAL	X	X	X
OJAI VALLEY COMMUNITY HOSPITAL	X	X	did not report
PALM DRIVE HOSPITAL	X	X	X
PALO VERDE HOSPITAL	X	X	X
PIONEERS MEMORIAL HOSPITAL	X	X	X
PLUMAS DISTRICT HOSPITAL	X	X	X
REDBUD COMMUNITY HOSPITAL	X	X	X
REDWOOD MEMORIAL HOSPITAL	X	X	X
RIDGECREST COMMUNITY HOSPITAL	X	X	X
SAN GORGONIO MEMORIAL HOSPITAL	X	X	X
SANGER GENERAL HOSPITAL	X	X	X
SANTA YNEZ VALLEY COTTAGE HOSPITAL	X	X	X
SELMA DISTRICT HOSPITAL	X	X	X
SENECA HOSPITAL	X	X	X
SETON MEDICAL CENTER - COASTSIDE	X	X	X
SIERRA KINGS DISTRICT HOSPITAL	X	X	X
SIERRA NEVADA MEMORIAL HOSPITAL	X	X	X
SIERRA VALLEY DISTRICT HOSPITAL	X	X	X
SONORA COMMUNITY HOSPITAL	X	X	X
SOUTHERN HUMBOLDT COMMUNITY HOSPITAL	X	X	X
SOUTHERN INYO HOSPITAL	X	X	X
ST. ELIZABETH COMMUNITY HOSPITAL	X	X	X
ST. JOSEPH HOSPITAL - EUREKA	X	X	X
SURPRISE VALLEY COMMUNITY HOSPITAL	X	X	X
SUTTER AMADOR HOSPITAL	X	X	X
SUTTER COAST HOSPITAL	X	X	X
SUTTER LAKESIDE HOSPITAL	X	X	X
TAHOE FOREST HOSPITAL	X	X	X
TEHACHAPI HOSPITAL	X	X	X
TRINITY GENERAL HOSPITAL	X	X	X
TUOLUMNE GENERAL HOSPITAL	X	X	X
TWIN CITIES COMMUNITY HOSPITAL	X	X	X
UKIAH VALLEY MEDICAL CENTER-HOSPITAL DR	X	X	X
WEST SIDE DIST HOSP & NURSING HOME	X	X	X
	82	82	79

Data Source: 1996, 1997, 1998 OSHPD Hospital Annual Financial Data

Appendix B



- | | | |
|---|--|--|
| 1. Alta Hospital District - Dinuba | 29. John C. Fremont Healthcare District - Mariposa | 57. Ridgecrest Regional Hospital - Ridgecrest |
| 2. Avalon Municipal Hospital - Avalon | 30. Kern Valley Hospital District - Lake Isabella | 58. San Geronio Memorial Hospital - Banning |
| 3. Barstow Community Hospital - Barstow | 31. Kingsburg Medical Center - Kingsburg | 59. Sanger General Hospital - Sanger |
| 4. Barton Community Hospital - So. Lake Tahoe | 32. Lassen Community Hospital - Susanville | 60. Santa Inez Valley Cottage Hospital - Solvang |
| 5. Bear Valley Community Hospital - Big Bear Lake | 33. Lindsay District Hospital - Lindsay | 61. Selma District Hospital - Selma |
| 6. Biggs-Gridley Memorial Hospital - Gridley | 34. Lompoc District Hospital - Lompoc | 62. Seneca Hospital - Chester |
| 7. Bloss Memorial Hospital - Atwater (closed 3/98) | 35. Los Banos Community Hospital - Los Banos | 63. Seton Medical Center - Moss Beach |
| 8. Central Valley General Hospital - Hanford | 36. Mad River Community Hospital - Arcata | 64. Sierra Kings District Hospital - Reedley |
| 9. Chowchilla District Memorial Hospital - Chowchilla | 37. Mammoth Hospital - Mammoth Lakes | 65. Sierra Nevada Memorial Hospital - Grass Valley |
| 10. Coalinga Regional Medical Center - Coalinga | 38. Mark Twain-St. Joseph's Hospital - San Andreas | 66. Sierra Valley District Hospital - Layton |
| 11. Colusa Community Hospital - Colusa | 39. Marshall Hospital - Placerville | 67. Sonoma Community Hospital - Sonoma |
| 12. Corcoran District Hospital - Corcoran | 40. Mayers Memorial Hospital District - Fall River Mills | 68. Southern Humboldt Community Hospital - Garberville |
| 13. Del Puerto Hospital - Patterson (closed 4/98) | 41. Memorial Hospital at Exeter - Exeter | 69. Southern Inyo Hospital - Lone Pine |
| 14. Dos Palos Memorial Hospital - Dos Palos | 42. Mendocino Coast District Hospital - Fort Bragg | 70. St. Elizabeth Community Hospital - Red Bluff |
| 15. Eastern Plumas Healthcare District - Portola | 43. Mercy Medical Center - Mt. Shasta | 71. St. Joseph's Hospital - Eureka |
| 16. El Centro Regional Medical Center - El Centro | 44. Modoc Medical Center - Alturas | 72. Surprise Valley Healthcare District - Cedarville |
| 17. Fairchild Medical Center - Yreka | 45. Mountains Community Hospital - Lake Arrowhead | 73. Sutter Amador Hospital - Jackson |
| 18. Fallbrook Hospital District - Fallbrook | 46. Needles-Desert Communities Hospital - Needles | 74. Sutter Coast Hospital - Crescent City |
| 19. Frank R. Howard Memorial Hospital - Willits | 47. Newhall Comm. Hosp. - Newhall (closed 1997) | 75. Sutter Lakeside Hospital - Lakeport |
| 20. General Hospital, The - Eureka | 48. Northern Inyo Hospital - Bishop | 76. Tahoe Forest Hospital - Truckee |
| 21. George L. Mee Memorial Hospital - King City | 49. Oak Valley District Hospital - Oakdale | 77. Tehachapi Hospital - Tehachapi |
| 22. Glenn Medical Center - Willows | 50. Ojai Valley Community Hospital - Ojai | 78. Trinity Hospital - Weaverville |
| 23. Hanford Community Medical Center - Hanford | 51. Palm Drive Hospital - Sebastopol | 79. Tuolumne General Hospital - Sonora |
| 24. Hazel Hawkins Memorial Hospital - Hollister | 52. Palo Verde Hospital - Blythe | 80. Twin Cities Hospital - Templeton |
| 25. Healdsburg General Hospital - Healdsburg | 53. Pioneers Memorial Hospital District - Brawley | 81. Ukiah Valley Medical Center - Ukiah |
| 26. Hi-Desert Medical Center - Joshua Tree | 54. Plumas District Hospital - Quincy | 82. West Side District Hospital - Taft |
| 27. Indian Valley Hospital - Greenville | 55. Redbud Community Hospital - Clearlake | |
| 28. Inland Valley Regional Medical Center - Wildomar | 56. Redwood Memorial Hospital - Fortuna | |

Prepared by: California Rural Health Policy Council Office - 3/13/00